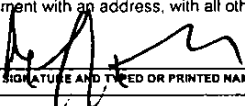


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90456 009 ****61.25

DOCUMENT # 746257 1. Entity Name LIDO TOWERS OWNERS ASSOCIATION, INC.					
Principal Place of Business 1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236			Mailing Address 1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2013730	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOBECK, DANIEL L LOBECK, HANSON, & WELLS 2033 MAIN ST., STE 403 SARASOTA, FL 34237				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	MISISCHIA, KATHLEEN		NAME	DORCEN, Camille	
STREET ADDRESS	2404 RIVENDALE DR		STREET ADDRESS	525 OCEAN AVE. #503	
CITY-ST-ZIP	NEW LENOX, IL 60451		CITY-ST-ZIP	Long Branch, NJ 07740	
TITLE	VPD	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	THORNTON, FRED		NAME	HURST, MARYLYN	
STREET ADDRESS	3432 HARDWOOD FOREST DR.		STREET ADDRESS	1001 Ben Franklin - Unit 213	
CITY-ST-ZIP	LOUISVILLE, KY 40214		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	☐ Delete	TITLE	VP/TD	☒ Change ☐ Addition
NAME	KING, ANTHONY		NAME	KING, ANTHONY	
STREET ADDRESS	1001 BEN FRANKLIN DR #204		STREET ADDRESS	1001 Ben Franklin #204	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HALLIDAY, MICHAEL		NAME	HUTCHINSON, Philip	
STREET ADDRESS	34 HOLIDAY POINT ROAD		STREET ADDRESS	Long Bar, Letcombe Regis	
CITY-ST-ZIP	SHERMAN, CT 06784		CITY-ST-ZIP	Wantage, Oxfordshire England OX12 9SD	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TAZAR, PAUL		NAME		
STREET ADDRESS	4037 S. LAKE COURT		STREET ADDRESS		
CITY-ST-ZIP	SHELBY TWP., MI 48316		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KLOPPENBURG, BERNHARD		NAME		
STREET ADDRESS	9421 PEBBLE GLEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  MICHAEL HALLIDAY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davine Phone #					

60031868



01152006 Chg-NP CR2E037 (11/05)